

JUL 05 2005

**Hamre, Schumann, Mueller & Larson, P.C.**

An International Intellectual Property Law Firm

[www.hsmj.com](http://www.hsmj.com)

1 mos. Lg. \$120.00

**FAX TRANSMISSION** July 5, 2005

**TO:** Commissioner for  
Patents  
Attn: M. CHARLES  
Patent Examining Corps  
Facsimile Center  
Washington, D.C. 20231

**FROM:** Curtis B. Hamre

**OUR REF:** 8373.245US01  
**TELEPHONE:** (612) 455.3800

Total pages, including cover letter:

**PTO FAX NUMBER:** 1 703 872 9306

If all pages are NOT received, please call us at 612.455.3800 or fax us at 612.455.3801.

**Title of Document:** RESPONSE & ADDRESS CHANGE

**Applicant:** KUROKAWA

**Serial No.:** 09/893109

**App. Filed:** JUNE 27, 2001

**Group Art No.:** 3682

**Our Ref. No.:** 8373.245US01

07/15/2005 TMCBRIE 00000001 503478 09893109

01 FC:1251

Please charge any additional fees or credit overpayment to 50-3478. Please consider this a  
**REQUEST FOR EXTENSION OF TIME** for a sufficient number of months to enter these papers,  
if appropriate.

By Curtis B. Hamre  
Name: Curtis B. Hamre  
Reg. No.: 29,165

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark  
Office on the date shown below.

Lisa Dorn

Lisa Dorn  
Signature

7/5/05  
Date

225 SOUTH SIXTH STREET SUITE 2650 MINNEAPOLIS MN 55402 TELEPHONE 612.455.3800 FAX 612.455.3801

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

09/893109

## CLAIMS AS FILED - PART I

*Amend filed 7/5/05*

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	/ minus 20 = *	/
INDEPENDENT CLAIMS	/ minus 3 = *	/
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	150.00
X\$ 25=	/
X100=	/
+180=	/
TOTAL	/

RATE	FEE
BASIC FEE	300.00
X\$50=	/
X200=	/
+360=	/
TOTAL	/

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 25=	/
X100=	/
+180=	/
TOTAL ADDIT. FEE	/

RATE	ADDITIONAL FEE
X\$50=	/
X200=	/
+360=	/
TOTAL ADDIT. FEE	/

RATE	ADDITIONAL FEE
X\$ 25=	/
X100=	/
+180=	/
TOTAL ADDIT. FEE	/

RATE	ADDITIONAL FEE
X\$50=	/
X200=	/
+360=	/
TOTAL ADDIT. FEE	/

RATE	ADDITIONAL FEE
X\$ 25=	/
X100=	/
+180=	/

RATE	ADDITIONAL FEE
X\$50=	/
X200=	/
+360=	/